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DECLARATION AND POWER OF ATTORNEY

Attorney's Docket No.
RD-27,422

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **METHODS AND APPARATUS FOR SUBMITTING INFORMATION TO AN AUTOMATED LENDING SYSTEM**, the specification of which:

(check one) ☐ is attached hereto

☒ was filed on September 8, 1999 as Application Serial No. 09/391,772,
and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim priority benefits under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>Application Serial No.</u>	<u>Filing Date</u>	<u>Status (patented, pending, abandoned)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

<u>Application Serial No.</u>	<u>Filing Date</u>	<u>Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.</u>
_____	_____	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (*list name and registration number*)

John S. Beulick, Reg. No. 33,338; Patrick W. Rasche, Reg. No. 37,916; Michael Tersillo, Reg. No. 42,180; Tara A. Nealey, Reg. No. 42,927; Bruce T. Atkins, Reg. No. 43,476, Alan L. Cassel, Reg. No. 35,842; Elizabeth D. O'Dell, Reg. No. 39,532; Bruce E. Burdick, Reg. No. 27,422; Stephen R. Cooper, Reg. No. 42,437; and Robert E. Slenker, Reg. No. 45,112; all of Armstrong Teasdale, One Metropolitan Square, Suite 2600, St. Louis, MO 63102-2740 and David C. Goldman, Reg. No. 34,336, of General Electric Company, 1 Research Circle, Niskayuna, NY 12309

Send Correspondence to:

John S. Beulick
Armstrong Teasdale LLP
One Metropolitan Square, Suite 2600
St. Louis, MO 63102-2740

Direct Telephone Calls To:

John S. Beulick
314/621-5070



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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application and any patent issued thereon.

SOLE OR FIRST INVENTOR:

Full Name: Walter V. Dixon, IIISignature: Walter V. Dixon IIIDate: 2/21/00Residence: Delanson, NY 12053-9786Citizenship: United StatesPost Office Address: 3641 Lake RD ~~RD~~
901 Herrick Road, Delanson, NY 12053-9786

SECOND JOINT INVENTOR, IF ANY:

Full Name: William D. Smith, IISignature: William D. SmithDate: 2/21/2000Residence: Schenectady, NY 12306Citizenship: United StatesPost Office Address: 1178 Lowell Rd.
6563 Mariaville Road, Schenectady, NY 12306 12308 (WDS)

THIRD JOINT INVENTOR, IF ANY:

Full Name: Melvin K. SimmonsSignature: Melvin K. SimmonsDate: 1 March 00Residence: Schenectady, NY 12308Citizenship: United StatesPost Office Address: 1198 Lowell Road, Schenectady, NY 12308

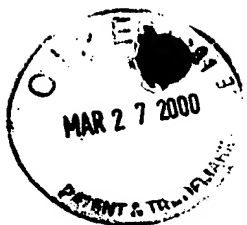
FOURTH JOINT INVENTOR, IF ANY:

Full Name: Robert J. Santimays

Signature: _____

Date: _____

Residence: Monroe, CT 06468Citizenship: United StatesPost Office Address: 57 Spinning Wheel Road, Monroe, CT 06468



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FIFTH JOINT INVENTOR, IF ANY:

Full Name: Jacques M. DesMarteau

Signature: _____ Date: _____

Residence: Jamestown, NC 27282

Citizenship: United States

Post Office Address: 314 Pearce Drive, Jamestown, NC 27282

SIXTH JOINT INVENTOR, IF ANY:

Full Name: Ferdinand Steyer

Signature: _____ Date: _____

Residence: Riverside, CT 06878

Citizenship: Austrian

Post Office Address: 102 Riverside Lane, Riverside, CT 06878



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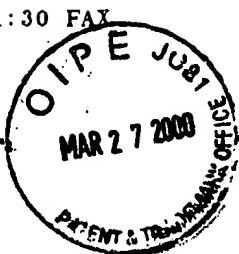
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SOLE OR FIRST INVENTOR:

Full Name: Walter V. Dixon, III

Signature: _____

Date: _____

Residence: Delanson, NY 12053-9786Citizenship: United StatesPost Office Address: 901 Herrick Road, Delanson, NY 12053-9786

SECOND JOINT INVENTOR, IF ANY:

Full Name: William D. Smith, II

Signature: _____

Date: _____

Residence: Schenectady, NY 12306Citizenship: United StatesPost Office Address: 6563 Mariaville Road, Schenectady, NY 12306

THIRD JOINT INVENTOR, IF ANY:

Full Name: Melvin K. Simmons

Signature: _____

Date: _____

Residence: Schenectady, NY 12308Citizenship: United StatesPost Office Address: 1198 Lowell Road, Schenectady, NY 12308

FOURTH JOINT INVENTOR, IF ANY:

Full Name: Robert J. SantimaysSignature: Robert J. Santimays

Date: _____

Residence: Monroe, CT 06468Citizenship: United StatesPost Office Address: 57 Spinning Wheel Road, Monroe, CT 06468



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FIFTH JOINT INVENTOR, IF ANY:

Full Name: Jacques M. DesMarreSignature: [Signature]

Date: _____

Residence: Jamestown, NC 27282Citizenship: United StatesPost Office Address: 314 Pearce Drive, Jamestown, NC 27282

SIXTH JOINT INVENTOR, IF ANY:

Full Name: Ferdinand SteyerSignature: [Signature]

Date: _____

Residence: Riverside, CT 06878Citizenship: AustrianPost Office Address: 102 Riverside Lane, Riverside, CT 06878